

OKLAHOMA STATE UNIVERSITY  
**English Department Graduate Program**

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## Notice of Intent – Language Translation Test

Return this form to the English Graduate Office 308 Morrill *no later than the end of the first week of the semester in which the exam is to be taken.*

The \$40.00 fee for the test must be submitted to Robert Estes in M207C *before the day of the test.*

Make checks payable to the English Department

Name \_\_\_\_\_

CWID \_\_\_\_\_

e-mail \_\_\_\_\_ **@okstate .edu**

Address \_\_\_\_\_

for mailing \_\_\_\_\_

results \_\_\_\_\_

Adviser's Name \_\_\_\_\_

Select Language below:	Degree Program	Intend to Demonstrate:
<input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Italian <input type="checkbox"/> Latin <input type="checkbox"/> Old English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> MA <input type="checkbox"/> PhD	<input type="checkbox"/> Reading Knowledge <input type="checkbox"/> Mastery
<p>_____</p> <p>An alternate language may be substituted only by petition, and with approval of the student's advisory committee.</p>	<p>Semester/Year intended for the exam _____</p> <p>Student Signature _____</p>	<p>If you feel that you have a disability and need special accommodations, the Graduate Office will work with you and the Office of Student Disability Services (326 Student Union) to provide reasonable accommodations so that you have a fair opportunity to perform on this exam. If you have not done so already, please advise the Graduate Office of any disabilities and the desired accommodations as soon as possible.</p>